

# MULTIPLE DEPENDENT CLAIM

## FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-576105

FILING DATE

APPLICANT(S)

### CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14	1					
15		1				
16		1				
17		1				
18		1				
19		1				
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25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
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32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45	1					
46						
47						
48						
49						
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	92	←		←		←
TOTAL CLAIMS	45					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						